

LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD

VISION

"We envision that our communities have both an awareness of the impact of substance abuse and use, and the ability to embrace wellness, recovery and strive for a greater quality of life."

AGENDA
June 25, 2020
Zoom Meeting
9:30 a.m. – 11:30 a.m.

Dial-in Number Options:

1-312-626-6799; 1-646-876-9923; or
1-346-248-7799

Meeting ID: 133 461 219

Join by Computer:

<https://us02web.zoom.us/j/133461219>

1. Introductions & Welcome Board Members– 5 minutes
2. Approval of Agenda (**Board Action**) – 2 minutes
3. Approval of May 28, 2020 OPB Minutes {Att. #1} (**Board Action**) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business –
 - a. Finance Report {Att. #2} (Discussion) - 10 minutes
6. New Business –
 - a. Request for Approval for PA2 Funding for Eastern Michigan University Prevention Programming {Att. #3} (**Board Action**) – 5 minutes
 - b. Request for Approval for PA2 Funding for University of Michigan Prevention Programming {Att. #4} (**Board Action**) – 5 minutes
 - c. Open Meetings Act Legal Review (Discussion) – 10 minutes
 - d. OPB Bylaws Update (Discussion) – 10 minutes
 - e. Review Membership and Appointment to Regional Board {Att. #5} (Discussion) – 15 minutes
 - f. Strategic Planning {Att.#6a, 6b} (Discussion) – 30 minutes
7. Report from Regional Board {Att. #7} (Discussion) – 10 minutes
8. SUD Director Updates (Discussion) – 15 minutes
 - a. COVID-19 Impact
 1. Provider Stabilization Plan
 - b. RFP Update (June 29 3PM Submission Deadline)
 1. Scoring Volunteers
 2. July 23 Award Recommendations to OPB
 - c. SUD Staff Updates
 1. Prevention
 2. Treatment
 3. Grant Funded Initiatives

Next meeting: July 23, 2020

Location TBD: Zoom or 3005 Boardwalk, Suite 200; Patrick Barrie Room

**Lenawee-Livingston-Monroe-Washtenaw
Oversight Policy Board Minutes
May 28, 2020
Meeting held electronically via Zoom software**

Members Present: Mark Cochran, Kim Comerzan, William Green, John Lapham, Dianne McCormick, Ralph Tillotson, Monique Uzelac, Tom Waldecker,

Members Absent: Amy Fullerton, Ricky Jefferson, David Oblak, Dave O'Dell

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Rebecca DuBois, Matt Berg, CJ Witherow, Katie Postmus, Alyssa Tumolo, Michelle Sucharski

Board Secretary M. Cochran called the meeting to order at 9:38 a.m.

1. Introductions

2. Approval of the Agenda

Motion by T. Waldecker, supported by J. Lapham, to approve the agenda with the addition of Discussion about Residential Treatment Services with respect to COVID-19 in New Business

Motion carried

Vote

Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker

No:

Absent: Fullerton, Jefferson, Oblak, O'Dell

3. Approval of the January 23, 2020 Oversight Policy Board minutes

Motion by T. Waldecker, supported by K. Comerzan, to approve the January 23, 2020 OPB minutes and the February 27, 2020 minutes

Motion carried

Vote

Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker

No:

Absent: Fullerton, Jefferson, Oblak, O'Dell

4. Approval of the February 27, 2020 OPB minutes

Motion by T. Waldecker, supported by K. Comerzan, to approve the January 23, 2020 OPB minutes and the February 27, 2020 minutes

Motion carried

Vote

Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker

No:

Absent: Fullerton, Jefferson, Oblak, O'Dell

5. Audience Participation

) None

6. Old Business

- a. Finance Report
 -) M. Berg presented.
 -) M. Berg requested to update the finance report by including a column for prior year-to-date amounts. OPB members agreed.
 -) T. Waldeck requested that the budget information for PA2 Reserve be shown next to actual year-to-date usage.

7. New Business

- a. Request for Approval for PA2 Funding for FY19 Livingston County Naloxone Purchase
Request by W. Green, supported by D. McCormick, to approve PA2 Funding for FY19 Livingston County Naloxone Purchase
Motion carried

Vote

Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker
No:

Absent: Fullerton, Jefferson, Oblak, O'Dell

- b. Request for Approval for PA2 funding for FY20 Monroe Access Coverage
 -) Block grant funding will be the primary source of funding. PA2 would only be used if there is not enough available in block grant funding.**Motion by T. Waldecker, supported by W. Green, to approve for PA2 funding for FY20 Monroe Access Coverage**
Motion carried

Vote

Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker
No:

Absent: Fullerton, Jefferson, Oblak, O'Dell

- c. Request for Approval for PA2 funding for FY20 COVID-19 Related Recovery Housing
 -) Request is for a 30-day extension above the pre-existing 60-day authorization.
 -) N. Adelman will bring back an estimated of costs/totals as invoices come in from providers.
 -) R. Tillotson expressed concern about the potential cost for room and board per person.
 -) OPB preferred to add a caveat to the request, to include a cap on spending of \$27/individual/day for the 30-day extension.**Motion by T. Waldecker, supported by M. Uzelac, to approve PA2 funding for FY20 COVID-19 Related Recovery Housing, with a not-to-exceed amount of \$27/day per individual in addition to the overall total not-to-exceed amount of \$100,000**

Motion carried

Vote

Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker

No:

Absent: Fullerton, Jefferson, Oblak, O'Dell

- d. Request for Approval for PA2 funding for Home of New Vision MARR Certification
 -) OPB discussed the reasoning for paying for this certification for a provider.
 -) As a new certification that is recommended, but not required, the cost for the certification is not in the provider's budget.
 -) Staff would like to gauge the value of this certification, to determine if it should be required or not. PIHPs across the state are conferring with each other to determine the value of the certification, and if/how to implement going forward.

-) R. Tillotson requested to include a caveat in the motion that stipulates a 1-year approval only, to give staff and the provider the opportunity to determine the certification's value and to give the provide time to build the certification's cost into its budget if necessary.
 Motion by R. Tillotson, supported by W. Green, to approve PA2 funding for Home of New Vision MARR Certification for a 1-year period
 Motion carried
 Vote
 Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac
 No:
 Absent: Fullerton, Jefferson, Oblak, O'Dell, Waldecker*
 *T. Waldecker was not present on the meeting call for this vote.
- e. OPB Bylaws
 -) Staff submitted revised OPB bylaws to include electronic attendance to count toward a meeting quorum and subsequent votes, after the governor's order expires.
 -) The Open Meetings Act is silent on an electronic quorum.
 -) OPB requested to have a final legal review before approving bylaws.
 -) T. Waldecker recommended adding language to the bylaws about requiring a roll call vote for electronic meetings.
 Motion by T. Waldecker, supported by R. Tillotson, to table the Bylaws agenda item, pending legal review
 Motion carried
 Vote
 Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker
 No:
 Absent: Fullerton, Jefferson, Oblak, O'Dell
- f. Review Membership and Appointment to Regional Board
 -) OPB reviewed current board membership and vacancies.
 -) For the requirement regarding members with a history of substance use disorders, this can include those who are currently in services and those who are successfully in recovery.
- g. Discussion about Residential Treatment Services with respect to COVID-19
 -) Some residential treatment providers have been using telehealth in residential settings. Telehealth services in a residential setting is not a billable Medicaid service. Not allowed by Medicaid manual.
 -) Staff will bring back the issue next month to discuss what the funding implications would be.
 -) A request may come to use some PA2 dollars to cover these services if necessary.
 -) Staff will gather more information and will bring more details back to OPB next month.
- 8. Report from Regional Board
 -) R. Tillotson and J. Colaianne provided an overview of the May Regional Board meeting.
- 9. SUD Director Updates
 - a. Coronavirus and Providers
 -) Staff working with Treatment and Prevention providers on how their programming is changing as a result of COVID-19
 -) Staff regularly checks in with providers on potential needs for personal protection equipment.

-) A \$2/hr increase has been passed for direct care workers providing services in COVID-related environments on the mental health side. There has recently been discussion regarding the same premium payment for SUD providers in the same circumstances.
 - b. RFP Process
 -) 3 Prevention RFPs were delayed 1 month. They were released this month, along with 1 RFQ. All 4 can be found on the CMHPSM website and are available on the MITN web site. A link to MITN is posted on www.cmhpsm.org.
 -) Staff will send a request for readers soon to OPB members.
 - c. Strategic Plan
 -) Strategic planning is underway for both CMHPSM as a whole and the SUD team.
 -) The SUD strategic plan will be presented to OPB in July for approval, and then on to the Regional board.
 - d. MDOC Update
 -) MDOC consumers are now being processed through the PIHP. Things are going as well as expected, particularly given COVID-19 required changes in process.
 - e. GAIN Update
 -) The GAIN is no longer being required by the state. PIHPs are working to come up with an alternative standardized assessment tool to propose to the state.
 - f. SOR 2
 -) STR funding ended in April. SOR and SOR Supplemental funding continue. SOR 2 is a new funding source, also opioid-related. SOR 2 may allow for the continuation of some of the services that had been covered by STR, along with new services. Funding is expected to start 10/1 so awards should be announced this summer.
10. Adjournment
- Motion by R. Tillotson, supported by J. Lapham, to adjourn the meeting**
- Motion carried**
- Vote
- Yes: Cochran, Comerzan, Green, Lapham, McCormick, Tillotson, Uzelac, Waldecker
- No:
- Absent: Fullerton, Jefferson, Oblak, O'Dell
-) Meeting adjourned at 10:50 a.m.

Next meeting: June 25, 2020
Location TBD

Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
 April 2020 Preliminary FYTD

Summary Of Revenue & Expense	Funding Source							Total Funding Sources	FY 19 YTD
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD - SOR/SORS	SUD - STR	Gambling Prev	SUD-PA2		
Revenues									
Funding From MDHHS	1,792,088	3,650,947	3,139,993	471,491	521,378	33,268		\$ 9,609,166	\$ 7,995,179
PA2/COBO Tax Funding Current Year	-	-	-	-	-	-	1,075,726	\$ 1,075,726	\$ 1,085,034
PA2/COBO Reserve Utilization	-	-	-	-	-	-	-	\$ -	\$ 912,585
Other	-	-	-	-	-	-	-	\$ -	
Total Revenues	\$ 1,792,088	\$ 3,650,947	\$ 3,139,993	\$ 471,491	\$ 521,378	\$ 33,268	\$ 1,075,726	\$ 10,684,892	\$ 9,992,798
Expenses									
Funding for County SUD Programs									
CMHPSM				471,491	521,378	26,229		1,019,098	448,159
Lenawee	337,279	513,534	385,076				81,113	1,317,003	1,234,654
Livingston	291,274	324,037	671,280				53,358	1,339,949	1,217,670
Monroe	391,427	476,181	682,214				163,853	1,713,674	1,189,729
Washtenaw	1,007,343	1,219,701	1,358,132				469,276	4,054,452	3,718,066
Total SUD Expenses	\$ 2,027,323	\$ 2,533,453	\$ 3,096,703	\$ 471,491	\$ 521,378	\$ 26,229	\$ 767,600	\$ 9,444,176	\$ 7,808,278
Administrative Cost Allocation	102,817	128,443	157,021			2,256	-	\$ 390,537	\$ 392,331
Total Expenses	\$ 2,130,140	\$ 2,661,896	\$ 3,253,724	\$ 471,491	\$ 521,378	\$ 28,485	\$ 767,600	\$ 9,834,713	\$ 8,200,609
Revenues Over/(Under) Expenses	\$ (338,052)	\$ 989,051	\$ (113,731)	\$ -	\$ -	\$ 4,784	\$ 308,126	\$ 850,179	\$ 1,792,189

Current fiscal year utilization of PA2				FY 19 Over/(Under) Expenses
PA2 by County	Revenues	Expenditures	Revenues Over/(Under) Expenses	
Lenawee	86,492	81,113	5,379	9,957
Livingston	269,519	53,358	216,161	240,343
Monroe	192,000	163,853	28,147	196,035
Washtenaw	527,715	469,276	58,439	409,845
Totals	\$ 1,075,726	\$ 767,600	\$ 308,126	\$ 856,180

Unallocated PA2	FY 20 Beginning Balance	FY20 Projected Budget	FY20 Projected Utilization	FY20 Projected Ending Balance
Lenawee	829,977	(222,723)	-	829,977
Livingston	3,353,949	(613,133)	-	3,353,949
Monroe	464,341	(164,037)	-	464,341
Washtenaw	2,344,230	(598,506)	-	2,344,230
Total	\$ 6,992,496	\$ (1,598,399)	\$ -	\$ 6,992,496

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: June 25, 2020

Action Requested:

Approve PA2 funding for Eastern Michigan University (EMU) for a total of \$7,270 for FY20 to support stipends for contracted evidence-based prevention programming.

Background:

Eastern Michigan University (EMU) receives funding through CMHPSM from the federal SOR grant to implement the Evidence Based Program *Prime For Life*. Through current Block Grant funding, EMU also plans to implement the Evidence Based Program *Botvin Life Skills Transitions* this summer through their Prevention Theater Collaborative. Both programs utilize stipends to help encourage participation. Unfortunately, MDHHS recently stated neither SOR nor Block Grant will cover the cost of stipends.

Stipends are intended to increase participation in prevention programming, particularly for interventions that span a length of time, and particularly now that they are being provided virtually. In addition, the program developers for *Prime For Life* reported stipends as having a positive impact on participation. As such, we request the stipends be paid through PA2 funds, as this fund source can be utilized to support these essential stipends in our community, which in turn increase participation in CMHPSM contracted evidence-based prevention programming.

Both programs, have utilized stipends of \$65 - \$75 /per person / per full session.

For FY20, *Prime For Life* is expected to have 143 participants at a total cost of \$6,490.

For FY20 *Botvin Life Skills Transitions* is expected to have 12 participants at a total cost of \$780.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

Support for evidence-based prevention services offered through the PIHP contract with EMU.

Recommendation:

Approve funding Eastern Michigan University through \$7,270 in Washtenaw County PA2 Funds to support stipends for youth participants of FY20 CMHPSM funded Evidence Based Interventions.

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: June 25, 2020

Action Requested:

Approve PA2 funding for University of Michigan for a total of \$2,748 for FY19 to support contracted evidence-based prevention programming.

Background:

In FY 19, the University of Michigan Regional Alliance for Healthy Schools contracted with CMHPSM to provide the Evidence Based Program *Project Success*. They have requested payment due to a missing Financial Status Report (FSR) from April 2019.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

Support for evidence-based prevention services offered through the PIHP contract with UM.

Recommendation:

Approve funding the University of Michigan through \$2,748 in Washtenaw County PA2 Funds to support prior implementation of *Project Success*.

**LIVINGSTON – LENAWE – MONROE – WASHTENAW
OVERSIGHT POLICY BOARD
FY2020 MEMBERSHIP ROSTER**

NAME	EMAIL	ADDRESS	COUNTY	APPOINTED By	TERM EXPIRES
William Green	WGreen@livgov.com	304 E Grand River Ave Suite 201 Howell, MI 48843	Livingston	County Commission	September 30, 2021
Dianne McCormick	DMcCormick@livgov.com	2300 E Grand River Ave Suite 102 Howell, MI 48843	Livingston	County Commission	September 30, 2022
Vacant			Livingston	CMH Board	
Vacant			Livingston	CMH Board	
			Washtenaw	CMH Board	September 30, 2022
David Oblak <i>Chair</i>	DMOblak@a2gov.org	15 th District Court Probation 101 E Huron Street P.O. Box 8650 Ann Arbor, MI 48107-8650 734.994.2754	Washtenaw	CMH Board	September 30, 2021
Ricky Jefferson	jeffersonr@washtenaw.org	Ricky Jefferson (734) 369-0976 District 6 Commissioner Washtenaw County Board of Commissioners	Washtenaw	County Commission	September 30, 2021
Monique Uzelac	muzelac@gmail.com	1506 Kuehnle Street Ann Arbor, MI 48103 734-645-4553	Washtenaw	County Commission	September 30, 2022

NAME	EMAIL	ADDRESS	COUNTY	APPOINTED By	TERM EXPIRES
Ralph Tillotson	c/o rebecca.borton@lenawee.mi.us	1899 Moore Road Adrian, MI 49221 517-263-1804 (h) 517-403-5494 (c)	Lenawee	County Commission	September 30, 2020
John Lapham	comm.lapham@lenawee.mi.us		Lenawee	County Commission	September 30, 2022
Amy Fullerton <i>Vice-Chair</i>	FullertonA1@michigan.gov	517.260.1879	Lenawee	CMH Board	September 30, 2020
Vacant			Lenawee	CMH Board	
Kim Comerzan	kim_comerzan@monroemi.org	2353 S. Custer Road Monroe, MI 48161-0089 Phone: 734.240.7804/W 734.915.1297/C FAX: 734.240.7816	Monroe	County Commission	September 30, 2021
Tom Waldecker	tomwal@umich.edu	9165 Exeter Road Carleton, MI 48117 Phone: 734.936.8660/W FAX: 734.936.8893	Monroe	County Commission	September 30, 2020
Mark Cochran <i>Secretary</i>	mark.cochran@monroemi.gov	10485 Lewis Avenue Temperance MI 48182 Phone: (734) 265-6116	Monroe	CMH Board	September 30, 2021
Dave O'Dell	ddodell1@att.net	321 W 4 th St. #3, Monroe, MI 48161 (734)344-0240	Monroe	CMH Board	September 30, 2022



Lenawee
Livingston
Monroe
Washtenaw

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

FY17 OPB STRATEGIC PLANNING

OPB Mission

CMHPSM Oversight Policy Board will support The Community Mental Health Partnership of Southeast Michigan Regional Board’s ability to make an informed decision of maximum benefit by representing voices of the community, discussing trends and concerns; in order to make recommendations on comprehensive recovery-based Substance Abuse prevention and treatment services.

OPB Vision

We envision that our communities have both an awareness of the impact of substance abuse and use, and the ability to embrace wellness, recovery and strive for a greater quality of life.

Strengths

Significant regional strengths to drive Strategic Planning:

- There are partnerships and collaborations across the region and locally with long history of coming together.
- Access to care occurs throughout the region.
- More minds working together is a great strength.

Weaknesses

**indicates state identified initiative or priority for unallocated funding*

Priority 1: Address lack of capacity for the demand for services.

Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Institute Pilot projects across the region with existing unallocated funds for remaining FY 17* ▪ Develop RFP for FY 18 with focus on expanded programming ▪ Utilize data analysis for determining priority areas, capacity gaps, trends 	<ul style="list-style-type: none"> ▪ Treatment and Prevention staff ▪ Finance and Contract support 	<ul style="list-style-type: none"> ▪ Priority in utilizing block grant funds for expanded services ▪ Supplement programming with PA2 funds where necessary ▪ Respond to the state identified initiatives and priorities

Priority 2: Address limited adolescent treatment capacity.

Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Conduct analysis of service availability ▪ Convene a SUD adolescent services workgroup to develop strategies ▪ Target allocation or mandates in RFP to increase services and outreach ▪ Expand prevention services where gaps exist* ▪ Work with children’s services at CMHC’s for co-occurring services* ▪ Utilize Prevention programs that work with adolescent population for outreach and referrals* ▪ Explore relationships with Juvenile Drug Courts and Services* ▪ Explore relationships with schools and primary care settings* 	<ul style="list-style-type: none"> ▪ SUD Treatment staff; ▪ Data Analyst ▪ All providers ▪ CMH Children’s Admin Team ▪ Prevention staff 	<ul style="list-style-type: none"> ▪ Also, look at interventions using SBIRT model... ▪ Currently receiving request to expand prevention services in Washtenaw

Priority 3: Address limited integration with CMH and Primary Care.		
Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Target Funding of peer services in primary care (RFP)* ▪ Increase utilization of SBIRT at primary care settings and deploy case managers or outreach workers/care navigators to enhance services* ▪ Ongoing dialog with CMH in each county to improve partnerships and coordination of care 	<ul style="list-style-type: none"> ▪ SUD treatment Staff ▪ CMH leadership and Admin teams 	<ul style="list-style-type: none"> ▪ Currently CMH has services in primary care settings... work with CMH on enhancing services in these settings

Priority 4: Address fragmented and inconsistent access to care across the region (i.e. eligibility, diagnosis, medical necessity, etc.).		
Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Revisit the CORE provider concept to ensure clients are considered “regional” ▪ Ensure ACCESS to services are consistent across all entry points - ▪ Provide ASAM training for all provider access staff* ▪ RFP language to address standardization and protocol for regional services ▪ Explore utilization of ASAM tool for consistency in assessment and placement ▪ Address waitlist issues from a centralization perspective 	<ul style="list-style-type: none"> ▪ SUD treatment staff ▪ Providers ▪ Finance and Contract Support 	<ul style="list-style-type: none"> ▪ State is certifying all SUD providers on the ASAM level of care. Clinical UM decisions must be aligned with the appropriate level of care. ▪

Priority 5: Address poor communication between providers.

Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Conduct mandatory provider meetings quarterly ▪ Monitor care coordination practices as part of the annual monitoring process ▪ Engage providers in improving communication process through county specific meetings 	<ul style="list-style-type: none"> ▪ Quality improvement support ▪ SUD Treatment staff ▪ Providers 	<ul style="list-style-type: none"> ▪ Release provider meeting schedule ▪ Offer technical assistance when necessary

Opportunities
**indicates state identified initiative or priority for unallocated funding*

Priority 6: Need regional quarterly and annual reports that demonstrate spending by county per person, funds per capita per county, and spending per treatment services per county.

Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Redesign the funding methodologies to allow for more consistent practices and build into the RFP ▪ Produce and utilize an IBNR report for all fee for service claims ▪ Quarterly finance summary to OPB ▪ Annual report once year is closed to OPB that includes analysis of services, trends and other relevant information. 	<ul style="list-style-type: none"> ▪ SUD Treatment and Prevention Staff ▪ Finance Staff ▪ Data Analyst ▪ Quality Improvement Support 	<ul style="list-style-type: none"> ▪ Must have an annual posting of monitoring activities or provider report cards. Can incorporate an annual executive summary report or combine with a regional report

Priority 7: Cultivate opportunity to develop partnerships/collaborations and education for primary care, dental services, hospital systems, CMHs and safety net providers.

Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Address NAS babies: Expand Women’s treatment services to include DHHS, OB/GYN, FQHC’s and Neonatal ICUs to Opiate addicted pregnant women and families. * ▪ Work with community coalitions who involve all sectors in identifying and addressing ongoing needs. ▪ Deploy peer supports in ED’s or other primary care settings. * 	<ul style="list-style-type: none"> ▪ SUD treatment staff ▪ Designated Women’s Specialty providers ▪ Finance and Contract support 	<ul style="list-style-type: none"> ▪ Pilot program to start in 2017 with Monroe Women’s specialty as requested by the state... need to expand to remaining counties. *

Priority 8: Simplify Access process and create procedures for provider communication.

Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Review current protocols and guidelines ▪ ASAM certification for 100% designated access staff ▪ Have providers enter MOU’s and/or business agreements ▪ Use multiple party universal releases* ▪ Use provider meeting to identify and address barriers ▪ use newsletter to broadcast communications 	<ul style="list-style-type: none"> ▪ SUD treatment and prevention staff ▪ Quality Improvement support ▪ Contract Support ▪ 	<ul style="list-style-type: none"> ▪ Build expectations into the RFP ▪ Adjust policies if needed

Priority 9: Look for new best practice models.		
Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Expand use of Medication Assisted Treatment * ▪ Support expansion of outreach to opiate/heroin population and implement “syringe services” and harm reduction methods * ▪ Expand use of SBIRT regionally – provide training ▪ Expand Engagement Centers in each county * 	<ul style="list-style-type: none"> ▪ SUD treatment staff ▪ Finance and Contract support ▪ Early intervention Services provider ▪ FQHC’s 	<ul style="list-style-type: none"> ▪ Best practice includes MAT services ▪ Methadone clinics should expand to other forms of MAT * ▪ Engagement centers currently in Washtenaw and Livingston County...Lenawee is in development and Monroe is in consideration. •

Threats

**indicates state identified initiative or priority for unallocated funding*

Priority 10: Strategize for possible state policy changes and political systems that may impact system of care.		
Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Changes to the Affordable Healthcare Act ▪ New grants specific to SUD services (Treatment improvement enhancement grant) 	<ul style="list-style-type: none"> ▪ SUD treatment and prevention staff ▪ Executive Director ▪ Finance Support ▪ OPB 	<ul style="list-style-type: none"> ▪ Will need to carefully monitor impact of federal and state changes on populations served and financing of services

Priority 11: Plan for working with Department of Corrections, including how to address requirements by state and conflicts of treatment philosophy and service mandates for providers.		
Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Monitor developments in the DOC funding process; ▪ Partner on joint initiatives as they develop 	<ul style="list-style-type: none"> ▪ SUD treatment staff 	<ul style="list-style-type: none"> ▪ DOC and CMHPSM working with Salvation Army on Vivitrol project for Monroe County residents receiving post release services

Priority 12: Address denial of SUD needs by communities, parents, and schools.		
Next Steps	Category/Department(s) Responsible	Notes
<ul style="list-style-type: none"> ▪ Needs assessment and analysis ▪ Utilize various indicator data ▪ Provide feedback to communities utilizing community coalitions and workgroups ▪ Utilize media where appropriate ▪ Host SUD informational summits in local communities ▪ Expand support for Recovery Community Organizations who work with recovery community for positive messaging, engagement and support. * 	<ul style="list-style-type: none"> ▪ SUD treatment and prevention staff ▪ Community Coalitions 	<ul style="list-style-type: none"> ▪ Currently have a request for funding an RCO in Washtenaw County

GUIDELINES FOR DEVELOPING
THREE-YEAR STRATEGIC PLANS
FOR SUBSTANCE USE DISORDER
PREVENTION, TREATMENT, AND
RECOVERY SERVICES

Fiscal Years 2021-2023

Office of Recovery Oriented Systems of Care

Larry Scott, Director

March 31, 2020

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SUBMISSION REQUIREMENTS FOR THE THREE-YEAR SUBSTANCE USE DISORDER (SUD) STRATEGIC PLANS

All SUD Strategic Plans are due electronically in (Microsoft Word or Adobe PDF format only), no later than 5:00 p.m. on June 5, 2020 to Kimberlee Kenyon at KenyonK@michigan.gov. The strategic plan formatting requirements: single-spaced, Times New Roman, 12pt font, and not to exceed 36 pages (not including transmittal letters and attachments).

TRANSMITTAL OF DATA DUMPS/DOWNLOADS WILL NOT BE ACCEPTED. FURTHER DETAIL REGARDING SUBMISSION FORMATTING IS PROVIDED WITH THE APPLICABLE INFORMATION LISTED LATER IN THIS DOCUMENT.

A transmittal letter signed by the Prepaid Inpatient Health Plan (PIHP) director or designee is required and must verify that the plan submitted has been reviewed and approved by both the PIHP director and the PIHP's governing board and the Substance Use Disorder (SUD) Policy Oversight Board. The signed letter may be scanned and transmitted via e-mail with the implementation plan submission.

Required Components for Submission of the Three-Year SUD Strategic Plans

1. Submission of transmittal letter signed by the PIHP
2. Submission of Three-Year SUD Strategic Plan including:
 - A narrative identifying and prioritizing substance use disorder problems impacting the community
 - A narrative, based on an epidemiological profile, identifying and explaining data driven goals and objectives that can be quantified, monitored, and evaluated for progress.
 - A narrative illustrating the goals, objectives, and strategies for coordinating services with public and private service delivery systems
 - A summary of key decision-making processes and findings undertaken by the SUD Policy Oversight Board or other regional advisory or oversight board
 - A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services in your array necessary to support recovery
 - Provision of an allocation plan derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery-oriented system of care.
 - An implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three (3) year timeline that identifies persons or entities responsible for the completion of strategies and completion dates
 - An evaluation plan that identifies baseline and outcome data for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services necessary to support recovery
 - A brief narrative illustrating evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner

Technical Assistance: Requests or questions related to these strategic plan guidelines should be directed to Larry Scott at SCOTTL11@michigan.gov or 517-335-0174.

GUIDELINES FOR DEVELOPING THREE-YEAR STRATEGIC PLANS FOR SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES

Introduction

Section 274 of P.A. 500 (Mental Health Code, P.A. 258, as amended) requires designated community mental health entities Prepaid Inpatient Health Plans (PIHPs) to develop three-year strategic plans for substance use disorder (SUD) services that must be consistent with the guidelines established by the Michigan Department of Health and Human Services (MDHHS). This document provides the guidelines for the submission of the three-year strategic plans beginning October 1, 2020 and ending September 30, 2023. The Behavioral Health and Developmental Disabilities Administration (BHDDA) assures that an approved strategic plan for SUD services will satisfy the requirements set forth in P.A. 500, Section 274(a).

The strategic plan guidelines serve to facilitate the development and submission of a strategic plan for SUD services. Close adherence to the guidelines in preparing the strategic plan will provide BHDDA evidence of the PIHP's ability to provide SUD services in a manner that will meet the service needs of the SUD population consistent with the MDHHS 2020 Strategic Priorities, Substance Abuse Block Grant (SABG) priorities, and the 1115 Waiver requirements addressing Substance Use Disorders.

Strategic Plan Guidelines

PIHP Strategic Plans for SUD must provide evidence of implementing a recovery oriented system of care (ROSC) that includes prevention and treatment, as well as all other services necessary to support recovery, and must align with the goals of the Office of Recovery Oriented Systems of Care (OROSC) Strategic Plan and the associated primary focus areas as follows:

- The establishment of a recovery-oriented system of care
- The expansion and enhancement of an array of services within the recovery-oriented system of care
- Reduction in health disparities among high-risk populations receiving prevention, treatment and recovery services
- A reduction in underage drinking
- A reduction in opioid prescription abuse, including a reduction in the misuse and abuse of opioids for non-medical purposes
- A reduction in marijuana use among youth and young adults
- The expansion of behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders
- A reduction in underage youth tobacco access and tobacco use including electronic nicotine devices and vape products
- Increase in access to treatment for persons living with Opioid Use Disorder
- Increase in access to prevention and treatment services for older adults (55 and older)
- Increase in access to treatment for criminal justice involved population returning to communities
- Increase in access to trauma responsive services
- Additional substance abuse issues impacting communities, including the prevention of stimulant use, provided that the selections are based on sound epidemiological evidence

Please prepare narratives consistent with the following components one (1) through nine (9). The total number of pages for components one (1) through nine (9) must not exceed 36 pages. Charts, tables, and graphs may be included in page limitation or attached to the strategic plan.

The strategic plans must include the following key components necessary for implementing a ROSC that is conducive to an individual's recovery, as well as a community's journey toward recovery:

- 1. A narrative identifying and prioritizing substance use disorder problems impacting the community** with respect to ROSC that includes prevention and treatment, as well as all other services necessary to support recovery. The narrative should include identification of related long term and short-term consequences at the regional/community level. There should be evidence of an epidemiological profile in the prioritization of substance use disorder issues/problems.

Evidence should include:

- A demographic profile of your populations of focus including race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, literacy, and sexual identity
- A description of the relationship of your populations of focus, including sub populations, to the overall population in your PIHP catchment area and target population disparities, if any, relating to access/use/outcomes of prevention, treatment, and recovery support services citing relevant data.
- A description of current system for providing substance use disorder prevention, treatment, and recovery services that are supported by research and evidence-based in the PIHP region, including the number of prevention, treatment, and recovery support service providers currently funded by public dollars, gaps in service delivery, and barriers to service access
- A description of the extent (morbidity and mortality) and prevalence of substance use disorder problems in the PIHP region including: a quantification of need for services; capacity of the PIHP service delivery system to provide services; a description of how the SUD focus of service gaps will meet identified needs for SUD service and reduce health disparities. An outline of the process used to determine the prioritized consequences and intervening variables (risk and protective factors) regarding the reduction of underage drinking, underage tobacco use, youth and young adult marijuana use and the reduction of opioid prescriptions and over-the-counter drug abuse, including opiates. When planning for prevention and treatment services pertaining to opioids, you must include data for both heroin and other opiates and consider the prevalence of heroin/other opiates in relation to other substances of abuse
- A Narrative description of how communicable disease (CD) services will be implemented or maintained in the region in accordance with requirements set forth in *Prevention Policy #2: Addressing Communicable Disease Issues in the Substance Abuse Network*. Clearly indicate if the required CD services will be limited to SUD clients, or if all individuals entering the system (including mental health services) will be screened and provided information on local resources. PIHP's are strongly encouraged to include all individuals in this process, particularly those who are identified with co-occurring disorders

Data Sources for Prevention and Treatment Needs Assessment:

- Strategic Prevention Framework – A Guide for Michigan Communities at www.michigan.gov/bhrecovery
- Michigan Substance Abuse Use Disorder Central Data Repository at: www.mi-suddr.com
- Michigan Epidemiological Profile 2019 at www.michigan.gov/bhrecovery → Prevention → Data
- Substance Abuse Annual and Legislative Reports FY19 at: https://www.michigan.gov/documents/mdhhs/Section_9041_PA_207_of_2018_659820_7.pdf
- Treatment Episode Data Set

2. **A narrative, based on the epidemiological profile, identifying and explaining data-driven goals and objectives that can be quantified, monitored, and evaluated for progress** (increase in access to SUD services, behavior change, quality improvement, and positive treatment outcomes, an increase in recovery support services, and improvement in wellness) over time.
3. **A narrative illustrating goals, objectives, and strategies for coordinating services with public and private service delivery systems.** Provide evidence of collaboration or coordination with primary and all other relevant resources as provided in P.A. 500, adult and children’s services, faith based communities, education, housing authorities; agencies serving older adults, agencies serving people who inject drugs/Syringe Service Programs, military and veteran organizations, foundations, and volunteer services.
 - **For prevention,** Identify the prevention providers/coalitions and stakeholders implementing activities related to goals and objectives
 - **For treatment,** identify key stakeholders involved in treatment and recovery services and/or collaborating with the PIHP in implementing services and activities related to the goals and objectives
4. **A summary of key decision-making processes and findings undertaken by the SUD Policy Oversight Board or other regional advisory or oversight board**
5. **A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services in your array necessary to support recovery.** The logic model approach should include common risk and protective factors contributing to substance use and mental health disorders and its consequences, as well as opportunities for recovery.

For Prevention: The logic model should include: Identification of an overall goal or goals for prevention, based on epidemiologic data; identification of the consequences of the primary SUD problem the region is attempting to prevent; intervening variables (risk and protective factors) impacting the problems; objectives for remedy; activities to employ for immediate and long term outcomes; and counties where the activity will occur. Please include youth access to tobacco planning activity. (For reference, see the following documents on the OROSC website at: www.michigan.gov/bhrecovery: *Guidance Documents: Selecting, Planning, and Implementing Evidence-Based Interventions for the Prevention of Substance Use Disorders; Risk and Protective Factors for Substance Use and Mental Health Disorders;*

Older Adult Well Being Strategic Plan; A Strategic Tobacco Plan; and Strategic Prevention Framework SPF - A Guide for Michigan Communities) and *A Guide to SAMHSA's Strategic Prevention Framework* at <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

For Treatment and Recovery: The logic model should include: identification of the primary SUD problem(s) impacting the region based on epidemiological data; identification of inputs or intervening variables; identification of strategies to employ to impact the SUD problem(s); listing of activities leading to immediate outcomes; listing of outputs from the activities; intermediate and long term outcomes; and counties where specific activities will occur. For reference, sample logic models may be found at www.samhsa.gov and https://preventionsolutions.edc.org/sites/default/files/attachments/Examples-of-Community-and-State-level-Logic-Models-for-Addressing-Opioid-related-Overdose-Deaths_0.pdf

6. **Provision of an allocation plan, derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery oriented system of care** that includes prevention and treatment, as well as all other services in your array, necessary to support recovery in identified communities of greatest need consistent with a data-driven, needs-based approach and evidence-based practices. The allocation plan for prevention, treatment, and recovery targeted services must include the following:
 - Evidence of a commitment to set aside and expend a minimum of 20 percent Community Grant funding for primary prevention services, including an emphasis on: increasing efforts targeting environmental change; integration of SUD prevention and health promotion; collaboration with primary care; collaboration with Michigan Tribal entities, and workforce development activity related initiatives
 - Evidence of the intent to allocate funding to implement a full continuum of research and evidence-based care available to individuals seeking treatment and recovery support services
 - Evidence of the intent to maintain and enhance the provider panel for substance use disorder treatment services. The plan should include any identified deficits and strategies that will be employed to remedy such, including strategies to enhance and/or expand participation of Tribal entities on provider panels
 - Evidence of intent to ensure that priority populations are served first and foremost with SABG funding, and methods for tracking the need for services to increase availability as needed. The plan should also indicate how the priority population wait list will be maintained
 - Evidence that there is knowledge of the problem to be addressed and related research, and that the services plan consists of evidence-based services to impact that issue.
 - A plan for a trauma informed system of care. Highlight the steps taken at the regional entity and provider level to ensure that individuals receive services that are trauma informed at the Access Management System, Prevention Provider, and Treatment and Recovery Support Provider
7. **An implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three (3) year timeline** that identifies persons or entities responsible for the completion of strategies and completion dates.

- 8. An evaluation plan that identifies baseline, process and outcome data for implementing a ROSC that includes prevention and treatment, as well as all other services necessary to support recovery,** including process and procedures for conducting the evaluation. The evaluation plan should describe how the identified issues/problems, strategic plan, and evaluation data will be used for making adjustments in the implementation of a ROSC.
- **For prevention services,** the evaluation plan must include the completion of proposed outcomes. The percentage of evidence-based programs must also be captured. These indicators must be addressed in each region as part of overall statewide efforts. If additional substance abuse issues impacting communities, including the prevention of stimulants and marijuana use, are chosen and planned, indicators should be identified for those as well. The plan should also include compliance with administering the MPDS outcomes survey.
 - **For preventing youth access to tobacco,** the evaluation plan must include tools that measure outcomes which include indicators for reducing tobacco sales to minors (Synar compliance).
 - **For treatment and other recovery services,** indicate evaluation mechanisms to track performance in the following indicators:
 - **Domain:** Health and Safety, **Measure:** Sentinel Events
 - **Domain:** Administration: Use of Public Funds, **Measures:** On-time reporting; withdrawal management subsequent services; outpatient continuation; qualitative and quantitative outcomes (employment, housing, education, recidivism) funds spent on services; funds spent on integrated programs; funds spent on recovery supports
 - **Domain:** Treatment Penetration Rates for Selected Populations, **Measures:** Youth (12-17 years-of-age) and Young Adults; Women of Childbearing Age; African American; Hispanic; Native American; and Persons with Opioid Use Disorder

Please include information on evidence-based interventions implemented in the region, and the integration of trauma responsive services across the continuum of care.

- **For Women’s Specialty Services,** the evaluation plans must include a number and type of services currently available to the individuals in the region, including strengths and deficits. Provide a plan that illustrates and measures the effect of the strategies used to address identified women’s issues and expand services, the evidence-based interventions implemented, and the integration of trauma responsive services, including Enhanced Women’s Services.
 - **For persons with Opioid Use Disorder,** the evaluation plans must include a number and type of services currently available to the individuals in the region, this should reflect current knowledge and research related to opioid use disorder and the service type based on current standards identified for treatment of opioid use disorder. Provide a plan that illustrates and measures the effect of the research-based strategies and evidence-based services used to address the needs of individuals with opioid use disorder.
- 9. Evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner.** For reference, see *Transforming Culture and Linguistic Theory into Action: A Toolkit for Communities*, February 2012, at www.michigan.gov/bhrecovery

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES**

June 10, 2020

***Meeting held electronically via Zoom**



Members Present: Judy Ackley, Greg Adams, Susan Fortney, Bob King, Sandra Libstorff, Charles Londo, Caroline Richardson, Katie Scott, Sharon Slaton, Ralph Tillotson

Members Absent: Roxanne Garber, Gary McIntosh

Staff Present: Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, James Colaianne, Connie Conklin, Trish Cortes, CJ Witherow, Matt Berg, Nicole Adelman, Michelle Sucharski, Dana Darrow

Others Present: Laurie Lutomski, Derek Miller

I. Call to Order
Meeting called to order at 6:02 p.m. by Board Chair S. Slaton.

II. Roll Call
J An electronic quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

Motion by B. King, supported by K. Scott, to approve the agenda

Motion carried

Vote

Yes: Ackley, Adams, Fortney, King, Libstorff, Londo, Richardson, Slaton, Tillotson

No:

Absent: Garber, McIntosh

IV. Consideration to Approve the Minutes of the May 13, 2020 Regular Meeting and Waive the Reading Thereof

Motion by S. Slaton, supported by K. Scott, to approve the minutes of the May 13, 2020 regular meeting and waive the reading thereof

Motion carried

Vote

Yes: Ackley, Adams, Fortney, King, Libstorff, Londo, Richardson, Slaton, Tillotson

No:

Absent: Garber, McIntosh

V. Audience Participation
None

VI. RPC Audited Financial Statements Presentation
J D. Miller presented.

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

) Report is an unqualified opinion.

VII. Old Business

a. June Finance Report – FY20 as of April 30th

) M. Berg presented. Discussion followed.

b. FY17-20 Strategic Outcomes Report

) J. Colaianne presented a wrap-up of the FY17-20 strategic plan.

) The strategic plan for FY21-23 will be presented at the July board meeting.

VIII. New Business

a. Board Action Request

Consideration to approve the CEO to execute the presented
Contract amendments as presented

Motion by S. Fortney, supported by S. Libstorff, to approve the CEO to execute the
presented contract amendments as presented

Motion carried

Vote

Yes: Ackley, Adams, Fortney, King, Libstorff, Londo, Richardson, Slaton, Tillotson

No:

Absent: Garber, McIntosh

IX. Lenawee Letter re: CEO Review

) The Board discussed the recent communication from the Lenawee CMH Board to the
Regional Board.

) The Board discussed next steps going forward for the CEO evaluation process.

) The next review will take place in April 2021, per the CEO contract.

) The Board will select a new CEO Evaluation Committee in January of 2021.

) The Board will determine which tool to use: the tool from the 2020 review, or something
different.

) S. Slaton will contact Lisa Berry-Bobovski (former Evaluation Committee Chair) for
information about tool that was used in previous CEO evaluations.

) G. Adams will contact the 4 CMH boards to determine how they evaluate their directors to
help inform the Regional Board's process.

) The CEO evaluation discussion will continue next month.

) Board members should also bring suggestions regarding feedback, goals for improvement,
etc. to the July meeting.

) The Board agreed they would like training on the Open Meetings Act from the PIHP's law
firm.

X. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board (OPB)

) The Board received the OPB's recent meeting minutes for review.

) A temporary representative from the OPB should start to attend the Regional Board
meetings soon, while a search continues for a permanent OPB representative.

b. CEO Report to the Board

CMHPSM Mission Statement

***Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that
focuses on improving the health and wellness of people living in our region.***

) J. Colaianne presented the CEO Report, which included updates from the CMHPSM, Region, and State.

XI. Adjournment

Motion by S. Fortney, supported by K. Scott, to adjourn the meeting
Motion carried

Meeting adjourned at 7:38 p.m.

Judy Ackley, CMHPSM Board Secretary

DRAFT